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January 16, 1995

Joseph J. Nowak  
New Jersey Department of Environmental Protection  
Bureau of Environmental Evaluation and Cleanup Responsibility Assessment  
401 East State Street  
Trenton, NJ 08625

**SUBJ: Hexcel Corporation**  
**Lodi Borough, Bergen County, New Jersey**  
**ISRA Case No. 86009**

Dear Mr. Nowak:

On behalf of Hexcel Corporation (Hexcel), the following is the progress report of activities carried out during October, November and December of 1994. This quarterly report is submitted in accordance with the Industrial Site Recovery Act (ISRA) requirements for the former Hexcel facility in Lodi, New Jersey.

Please note that we responded to the September 15, 1994 letter from the New Jersey Department of Environmental Protection (NJDEP) in our letters dated September 30, 1994 and October 24, 1994. We are still awaiting a response from the NJDEP to the proposals provided in those letters.

The following topics are discussed in this progress report:

1. Ground Water/DNAPL/LNAPL Monitoring
2. DNAPL Recovery
3. LNAPL Recovery
4. Treatment of Basement Seepage Water
5. Sewer Connection
6. Investigation of Off-Site Wells
7. Waste Disposal Documentation
8. Schedule

#### **1. Ground Water/DNAPL/LNAPL Monitoring**

In this section, we report the results of our monthly monitoring performed in November and December 1994. We also present one modification to the proposed monitoring plan.

SDMS Document



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Hexcel conducted monthly DNAPL and LNAPL monitoring in November and December 1994 in accordance with the proposed monitoring plan; results are provided in Table 1. Quarterly monitoring of ground water elevation, DNAPL and LNAPL was done in October 1994 and reported in our October 24, 1994 letter. Quarterly monitoring is again scheduled to be performed in January 1995.

Criteria for modifying the DNAPL and LNAPL monitoring plans were presented in our October 24, 1994 letter. The text of that letter is enclosed as Appendix A as reference to the plan and the criteria for its modification. We are implementing that plan in the absence of having received a response from the NJDEP. Accordingly, we have made one modification to the DNAPL monitoring plan: the inclusion of well CW-12, to be monitored monthly. The change was made after DNAPL was detected in the well during the November 1994 monitoring event. No other modifications have been made to either the DNAPL or LNAPL monitoring plans.

## **2. DNAPL Recovery**

A temporary DNAPL recovery program, consisting of manually removing product from affected wells on a weekly basis, was initiated on October 20, 1994. After one month, the program's frequency was reduced to twice a month due to a reduction in the quantity of product recovered. Well CW-12 was added to the program on November 22 after a recoverable quantity of DNAPL was detected in the well. A summary of product collection has been provided in Table 2.

The results of our DNAPL recovery indicate decreasing trends in all DNAPL affected wells except MW-6. In addition, MW-6 is the only well still yielding recoverable quantities of DNAPL. We therefore intend to modify our recovery program to include only MW-6 which we will continue to bail for product twice a month. We have excluded wells RW7-4, CW-12, CW-16, MW-8, and MW-26 from the recovery program because they had ceased to have recoverable product. Wells RW7-4, CW-12, CW-16, MW-8 and MW-26, although excluded from the recovery program, will continue to be monitored, along with MW-6, in accordance with the DNAPL monitoring plan.

## **3. LNAPL Recovery**

LNAPL recovery at CW-7 is continuing in accordance with our October 24, 1994 letter. The passive free product recovery device positioned in the well has collected approximately one quart of LNAPL since October 20, 1994. The device is checked twice a month to adjust its depth to reflect fluctuations in ground water elevation and to drain recovered product. A summary of LNAPL product collection is included in Table 2.

#### **4. Treatment of Basement Seepage Water**

Basement seepage water continues to be treated on-site at a rate of approximately 3,500 gallons per month. The treated water is currently being disposed of off-site at the DuPont Chambers Works facility, Deepwater, New Jersey. Disposal documentation has been attached as Appendix B.

#### **5. Sewer Connection**

As you and I discussed in a recent telephone conversation, the design consultant who was finalizing the plans and stream-encroachment permit application has required modifications to their proposal. Thus, there has been a time delay as we await a revised proposal. We have also sought and are awaiting an alternative proposal from another firm. Our estimated schedule has been adjusted accordingly (see Table 3).

#### **6. Investigation of Off-Site Wells**

As reported in our October 24, 1994 letter, ground water sampling across the Saddle River may not be necessary because sampling data may already be available from existing monitoring wells across the river. We have requested file reviews from, i) Bergen County Department of Health Services, ii) NJDEP Metro office in jurisdiction of Bergen county and iii) NJDEP, Trenton for properties located across the Saddle River from the former Hexcel facility. We have scheduled a file review with the NJDEP in Trenton on January 18, 1995. We anticipate receiving documents from the county and an appointment with the NJDEP Metro office shortly.

#### **7. Waste Disposal Documentation**

Enclosed as Appendix B are manifests and a summary table for waste disposal during October, November, and December 1994.

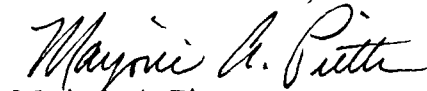
#### **8. Schedule**

Table 3 presents an updated estimate of the schedule of remaining remedial activities.

We will continue to provide quarterly progress reports in accordance with ISRA requirements. Please call if you have any questions or need additional information.

Sincerely,

GEO ENGINEERING, INC.



Marjorie A. Piette  
Project Manager

MAP/avm  
enclosures

cc A. William Nosil  
Lisa Bromberg, Esq.  
James Higdon

Table 1: Summary of Water Level/ Product Thickness Measurements  
Former Hexcel Facility  
Lodi, New Jersey

GEO Engineering, Inc.  
January 1995  
File: 94039/wlevels.xls

-All measurements in feet -  
-All elevations in feet (NJVD)-

| Well ID              | Type    | Depth to Water | Depth to Product |       | Product Thickness | Depth to Bottom | Elevation of Top of Casing | Water Elevation | Comments                             |
|----------------------|---------|----------------|------------------|-------|-------------------|-----------------|----------------------------|-----------------|--------------------------------------|
|                      |         |                | DNAPL            | LNAPL |                   |                 |                            |                 |                                      |
| Monthly<br>(11/9/94) |         |                |                  |       |                   |                 |                            |                 |                                      |
| RW7-4                | shallow | 7.20           | --               | --    | --                | 18.90           | 27.11                      | 19.91           | Trace brown product on probe         |
| CW-7                 | shallow | 7.70           | --               | 7.54  | 0.16              | 13.99           | 26.13                      | 18.57           | Brown product on probe               |
| CW-16                | shallow | 7.82           | --               | --    | --                | 13.90           | 26.45                      | 18.63           | Trace brown product on probe         |
| MW-6                 | shallow | 10.38          | --               | --    | --                | 18.30           | 30.70                      | 20.32           | Trace brown product on probe         |
| MW-8                 | shallow | 11.96          | --               | --    | --                | 17.34           | 30.26                      | 18.30           | Trace brown product on probe         |
| MW-26                | deep    | 8.20 *         | --               | --    | --                | 18.08           | 28.88                      | 20.68           | *Estimate; probe malfunction at well |
| RW6-1                | shallow | 3.77           | 13.65            | --    | 0.08              | 13.73           | 28.84                      | 25.07           | Brown and clear product on probe     |
| RW7-1                | shallow | 6.76           | 17.09            | --    | 0.11              | 17.20           | 26.49                      | 19.73           | Trace brown product on probe         |
| CW-17                | shallow | 7.20           | --               | --    | --                | 13.95           | 26.25                      | 19.05           |                                      |
| CW-12                | shallow | 7.21           | 13.64            | --    | 0.32              | 13.96           | 25.71                      | 18.50           | Brown product on probe               |
| P-2                  | shallow | 8.35           | --               | --    | --                | 12.39           | 30.06                      | 21.71           | Brown product on probe               |
| Monthly<br>(12/9/94) |         |                |                  |       |                   |                 |                            |                 |                                      |
| RW7-4                | shallow | 6.84           | --               | --    | --                | 19.10           | 27.11                      | 20.27           | Trace brown product on probe         |
| CW-7                 | shallow | 7.20           | --               | --    | --                | 14.00           | 26.13                      | 18.93           | Brown product on probe               |
| CW-16                | shallow | 7.44           | --               | --    | --                | 13.93           | 26.45                      | 19.01           |                                      |
| MW-6                 | shallow | 10.12          | 18.13            | --    | 0.18              | 18.31           | 30.70                      | 20.58           | Trace brown product on probe         |
| MW-8                 | shallow | 11.60          | --               | --    | --                | 17.36           | 30.26                      | 18.66           | Trace brown product on probe         |
| MW-26                | deep    | 7.64           | --               | --    | --                | 18.10           | 28.88                      | 20.68           |                                      |
| RW6-1                | shallow | 4.18           | --               | --    | --                | 13.73           | 28.84                      | 24.66           | Trace brown product on probe         |
| RW7-1                | shallow | 6.38           | --               | --    | --                | 17.23           | 26.49                      | 20.11           | Trace brown product on probe         |
| CW-17                | shallow |                |                  |       |                   |                 | 26.25                      |                 | No measurement; well inaccessible    |
| CW-12                | shallow | 7.01           | --               | --    | --                | 13.97           | 25.71                      | 18.70           | Trace brown product on probe         |
| P-2                  | shallow | 7.73           | --               | --    | --                | 14.93 *         | 30.06                      | 22.33           | * Erroneous measurement              |

Notes: -- Not detected.

Footnotes: 1- Many of the wells have accumulated sediment which results in slight fluctuations in the measurements of depth to bottom.

2- In wells with LNAPL, water levels are corrected using the equation: DTW (corrected) = DTW (measured) - (Product thickness \* specific gravity).  
Specific gravity of 0.88 used for water level correction (petroleum lubricating oil).

TABLE 2: SUMMARY OF PRODUCT COLLECTION  
Former Hexcel Facility  
Lodi, New Jersey

GEO Engineering, Inc.  
January 1995  
File: 94039\tables\prodcol2.xls

All Quantities Expressed in Gallons

| RECOVERY ROUND         | DATE     | MW-6 (DNAPL) | RW7-4 (DNAPL) | CW-16 (DNAPL) | MW-8 (DNAPL) | MW-26 (DNAPL) | CW-12 (DNAPL) | CW-7 (LNAPL) | TOTAL VOLUME RECOVERED |
|------------------------|----------|--------------|---------------|---------------|--------------|---------------|---------------|--------------|------------------------|
| 1                      | 10/20/94 | 0.38         | trace         | 0.13          | 0.50         | 0.12          | NI            | *            | 1.13                   |
| 2                      | 10/27/94 | 0.09         | --            | 0.13          | 0.38         | 0.03          | NI            | 0.08         | 0.71                   |
| 3                      | 11/3/94  | 0.38         | 0.03          | trace         | 0.13         | --            | NI            | 0.05         | 0.58                   |
| 4                      | 11/8/94  | 0.44         | trace         | --            | trace        | --            | NI            | 0.05         | 0.49                   |
| 5                      | 11/22/94 | 0.12         | --            | --            | trace        | --            | 0.38          | 0.08         | 0.58                   |
| 6                      | 12/7/94  | 1.06         | --            | --            | --           | --            | 0.38          | 0.01         | 1.45                   |
| 7                      | 12/21/94 | 0.50         | --            | --            | --           | --            | trace         | *            | 0.50                   |
| TOTAL VOLUME RECOVERED |          | 2.97         | 0.03          | 0.25          | 1.00         | 0.15          | 0.76          | 0.27         | 5.43                   |

Trace quantities not included in totals

Footnotes:

- \* - Quantity unknown. Adjustment needed to product recovery device.
- - No recoverable quantity present.
- NI - Well not included in recovery round because recoverable quantity of product not detected until 11/9/94 monthly monitoring.

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TABLE 3. ESTIMATED SCHEDULE OF REMAINING REMEDIAL ACTIVITIES  
Former Hexcel Facility  
Lodi, New Jersey

GEO Engineering, Inc.  
January, 1995  
file: 94039\sched2.xls

1995

| TASK DESCRIPTION                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| <b>GROUND WATER REMEDIATION</b>          |   |   |   |   |   |   |   |   |   |    |    |    |
| DNAPL/LNAPL recovery (temporary)         |   |   |   |   |   |   |   |   |   |    |    |    |
| Recover water from basement Bldg. 1      |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits for sewer construction    |   |   |   |   |   |   |   |   |   |    |    |    |
| --Stream-encroachment permit             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Local permits                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Construct new sewer line                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct testing                          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Conduct hydraulic testing              |   |   |   |   |   |   |   |   |   |    |    |    |
| --Pilot test of recovery system          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Test ground water off-site             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Obtain off-site access or data         |   |   |   |   |   |   |   |   |   |    |    |    |
| Modify ground water recovery system      |   |   |   |   |   |   |   |   |   |    |    |    |
| Install permanent recovery system        |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain recovery system     |   |   |   |   |   |   |   |   |   |    |    |    |
| Evaluate need for DNAPL barrier          |   |   |   |   |   |   |   |   |   |    |    |    |
| Bedrock ground water invest. (MW-1)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>CLEANING OF SEWER LINE</b>            |   |   |   |   |   |   |   |   |   |    |    |    |
| Cleanout/abandonment of sewer line       |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| Disposal of sludge/debris                |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SOIL REMEDIATION</b>                  |   |   |   |   |   |   |   |   |   |    |    |    |
| Soil gas survey                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare work plan for pilot test         |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review of work plan               |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct pilot test (incl. lab. analysis) |   |   |   |   |   |   |   |   |   |    |    |    |
| Design air sparging/vapor ext. system    |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits                           |   |   |   |   |   |   |   |   |   |    |    |    |
| Install soil remediation system          |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain system              |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SEDIMENT SAMPLING</b>                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>REPORTING</b>                         |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare quarterly progress reports       |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare report of sediment sampling      |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare final report                     |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review and site inspection        |   |   |   |   |   |   |   |   |   |    |    |    |
| Case closure                             |   |   |   |   |   |   |   |   |   |    |    |    |

TABLE 3. ESTIMATED SCHEDULE OF REMAINING REMEDIAL ACTIVITIES  
Former Hexcel Facility  
Lodi, New Jersey

GEO Engineering, Inc.  
January, 1995  
file: 94039\sched2.xls

1996

| TASK DESCRIPTION                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| <b>GROUND WATER REMEDIATION</b>          |   |   |   |   |   |   |   |   |   |    |    |    |
| DNAPL/LNAPL recovery (temporary)         |   |   |   |   |   |   |   |   |   |    |    |    |
| Recover water from basement Bldg. 1      |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits for sewer construction    |   |   |   |   |   |   |   |   |   |    |    |    |
| --Stream-encroachment permit             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Local permits                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Construct new sewer line                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct testing                          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Conduct hydraulic testing              |   |   |   |   |   |   |   |   |   |    |    |    |
| --Pilot test of recovery system          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Test ground water off-site             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Obtain off-site access or data         |   |   |   |   |   |   |   |   |   |    |    |    |
| Modify ground water recovery system      |   |   |   |   |   |   |   |   |   |    |    |    |
| Install permanent recovery system        |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain recovery system     |   |   |   |   |   |   |   |   |   |    |    |    |
| Evaluate need for DNAPL barrier          |   |   |   |   |   |   |   |   |   |    |    |    |
| Bedrock ground water invest. (MW-1)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>CLEANING OF SEWER LINE</b>            |   |   |   |   |   |   |   |   |   |    |    |    |
| Cleanout/abandonment of sewer line       |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| Disposal of sludge/debris                |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SOIL REMEDIATION</b>                  |   |   |   |   |   |   |   |   |   |    |    |    |
| Soil gas survey                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare work plan for pilot test         |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review of work plan               |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct pilot test (incl. lab. analysis) |   |   |   |   |   |   |   |   |   |    |    |    |
| Design air sparging/vapor ext. system    |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits                           |   |   |   |   |   |   |   |   |   |    |    |    |
| Install soil remediation system          |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain system              |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SEDIMENT SAMPLING</b>                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>REPORTING</b>                         |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare quarterly progress reports       |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare report of sediment sampling      |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare final report                     |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review and site inspection        |   |   |   |   |   |   |   |   |   |    |    |    |
| Case closure                             |   |   |   |   |   |   |   |   |   |    |    |    |



TABLE 3. ESTIMATED SCHEDULE OF REMAINING REMEDIAL ACTIVITIES  
Former Hexcel Facility  
Lodi, New Jersey

GEO Engineering, Inc.  
January, 1995  
file: 94039\sched2.xls

1997

| TASK DESCRIPTION                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| <b>GROUND WATER REMEDIATION</b>          |   |   |   |   |   |   |   |   |   |    |    |    |
| DNAPL/LNAPL recovery (temporary)         |   |   |   |   |   |   |   |   |   |    |    |    |
| Recover water from basement Bldg. 1      |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits for sewer construction    |   |   |   |   |   |   |   |   |   |    |    |    |
| --Stream-encroachment permit             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Local permits                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Construct new sewer line                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct testing                          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Conduct hydraulic testing              |   |   |   |   |   |   |   |   |   |    |    |    |
| --Pilot test of recovery system          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Test ground water off-site             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Obtain off-site access or data         |   |   |   |   |   |   |   |   |   |    |    |    |
| Modify ground water recovery system      |   |   |   |   |   |   |   |   |   |    |    |    |
| Install permanent recovery system        |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain recovery system     |   |   |   |   |   |   |   |   |   |    |    |    |
| Evaluate need for DNAPL barrier          |   |   |   |   |   |   |   |   |   |    |    |    |
| Bedrock ground water invest. (MW-1)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>CLEANING OF SEWER LINE</b>            |   |   |   |   |   |   |   |   |   |    |    |    |
| Cleanout/abandonment of sewer line       |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| Disposal of sludge/debris                |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SOIL REMEDIATION</b>                  |   |   |   |   |   |   |   |   |   |    |    |    |
| Soil gas survey                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare work plan for pilot test         |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review of work plan               |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct pilot test (incl. lab. analysis) |   |   |   |   |   |   |   |   |   |    |    |    |
| Design air sparging/vapor ext. system    |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits                           |   |   |   |   |   |   |   |   |   |    |    |    |
| Install soil remediation system          |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain system              |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SEDIMENT SAMPLING</b>                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>REPORTING</b>                         |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare quarterly progress reports       |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare report of sediment sampling      |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare final report                     |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review and site inspection        |   |   |   |   |   |   |   |   |   |    |    |    |
| Case closure                             |   |   |   |   |   |   |   |   |   |    |    |    |

TABLE 3. ESTIMATED SCHEDULE OF REMAINING REMEDIAL ACTIVITIES  
Former Hexcel Facility  
Lodi, New Jersey

GEO Engineering, Inc.  
January, 1995  
file: 94039\sched2.xls

1998

| TASK DESCRIPTION                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| <b>GROUND WATER REMEDIATION</b>          |   |   |   |   |   |   |   |   |   |    |    |    |
| DNAPL/LNAPL recovery (temporary)         |   |   |   |   |   |   |   |   |   |    |    |    |
| Recover water from basement Bldg. 1      |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits for sewer construction    |   |   |   |   |   |   |   |   |   |    |    |    |
| --Stream-encroachment permit             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Local permits                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Construct new sewer line                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct testing                          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Conduct hydraulic testing              |   |   |   |   |   |   |   |   |   |    |    |    |
| --Pilot test of recovery system          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Test ground water off-site             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Obtain off-site access or data         |   |   |   |   |   |   |   |   |   |    |    |    |
| Modify ground water recovery system      |   |   |   |   |   |   |   |   |   |    |    |    |
| Install permanent recovery system        |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain recovery system     |   |   |   |   |   |   |   |   |   |    |    |    |
| Evaluate need for DNAPL barrier          |   |   |   |   |   |   |   |   |   |    |    |    |
| Bedrock ground water invest. (MW-1)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>CLEANING OF SEWER LINE</b>            |   |   |   |   |   |   |   |   |   |    |    |    |
| Cleanout/abandonment of sewer line       |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| Disposal of sludge/debris                |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SOIL REMEDIATION</b>                  |   |   |   |   |   |   |   |   |   |    |    |    |
| Soil gas survey                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare work plan for pilot test         |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review of work plan               |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct pilot test (incl. lab. analysis) |   |   |   |   |   |   |   |   |   |    |    |    |
| Design air sparging/vapor ext. system    |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits                           |   |   |   |   |   |   |   |   |   |    |    |    |
| Install soil remediation system          |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain system              |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SEDIMENT SAMPLING</b>                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>REPORTING</b>                         |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare quarterly progress reports       |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare report of sediment sampling      |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare final report                     |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review and site inspection        |   |   |   |   |   |   |   |   |   |    |    |    |
| Case closure                             |   |   |   |   |   |   |   |   |   |    |    |    |

TABLE 3. ESTIMATED SCHEDULE OF REMAINING REMEDIAL ACTIVITIES  
Former Hexcel Facility  
Lodi, New Jersey

GEO Engineering, Inc.  
January, 1995  
file: 94039\sched2.xls

1999

| TASK DESCRIPTION                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| <b>GROUND WATER REMEDIATION</b>          |   |   |   |   |   |   |   |   |   |    |    |    |
| DNAPL/LNAPL recovery (temporary)         |   |   |   |   |   |   |   |   |   |    |    |    |
| Recover water from basement Bldg. 1      |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits for sewer construction    |   |   |   |   |   |   |   |   |   |    |    |    |
| --Stream-encroachment permit             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Local permits                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Construct new sewer line                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct testing                          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Conduct hydraulic testing              |   |   |   |   |   |   |   |   |   |    |    |    |
| --Pilot test of recovery system          |   |   |   |   |   |   |   |   |   |    |    |    |
| --Test ground water off-site             |   |   |   |   |   |   |   |   |   |    |    |    |
| --Obtain off-site access or data         |   |   |   |   |   |   |   |   |   |    |    |    |
| Modify ground water recovery system      |   |   |   |   |   |   |   |   |   |    |    |    |
| Install permanent recovery system        |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain recovery system     |   |   |   |   |   |   |   |   |   |    |    |    |
| Evaluate need for DNAPL barrier          |   |   |   |   |   |   |   |   |   |    |    |    |
| Bedrock ground water invest. (MW-1)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>CLEANING OF SEWER LINE</b>            |   |   |   |   |   |   |   |   |   |    |    |    |
| Cleanout/abandonment of sewer line       |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| Disposal of sludge/debris                |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SOIL REMEDIATION</b>                  |   |   |   |   |   |   |   |   |   |    |    |    |
| Soil gas survey                          |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare work plan for pilot test         |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review of work plan               |   |   |   |   |   |   |   |   |   |    |    |    |
| Conduct pilot test (incl. lab. analysis) |   |   |   |   |   |   |   |   |   |    |    |    |
| Design air sparging/vapor ext. system    |   |   |   |   |   |   |   |   |   |    |    |    |
| Obtain permits                           |   |   |   |   |   |   |   |   |   |    |    |    |
| Install soil remediation system          |   |   |   |   |   |   |   |   |   |    |    |    |
| Operate and maintain system              |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SEDIMENT SAMPLING</b>                 |   |   |   |   |   |   |   |   |   |    |    |    |
| Collect samples (and lab. analysis)      |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>REPORTING</b>                         |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare quarterly progress reports       |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare report of sediment sampling      |   |   |   |   |   |   |   |   |   |    |    |    |
| Prepare final report                     |   |   |   |   |   |   |   |   |   |    |    |    |
| NJDEPE review and site inspection        |   |   |   |   |   |   |   |   |   |    |    |    |
| Case closure                             |   |   |   |   |   |   |   |   |   |    |    |    |

## **Appendix A**

October 24, 1994

Joseph J. Nowak  
New Jersey Department of Environmental Protection  
Bureau of Environmental Evaluation and Cleanup Responsibility Assessment  
401 East State Street  
Trenton, NJ 08625

**SUBJ: Hexcel Corporation**  
**Lodi Borough, Bergen County, New Jersey**  
**ISRA Case No. 86009**

Dear Mr. Nowak:

This letter is in follow-up to your letter dated September 15, 1994 and received September 22, 1994. We responded previously with a letter September 30, 1994 which provided item by item responses to your letter and specified that additional information would be provided within thirty days; that additional information is provided herein.

The following topics are discussed in this letter:

1. Ground Water/DNAPL/LNAPL Monitoring.
2. DNAPL Recovery.
3. LNAPL Recovery.
4. Off-Site Ground Water Testing.
5. Waste Disposal Documentation.
6. Schedule.

#### **1. Ground Water/DNAPL/LNAPL Monitoring**

In this section, we report the results of monitoring done in May, June, July and October 1994 and present modifications to the approved monitoring plan.

On October 5, 1994, Hexcel conducted ground water elevation, DNAPL, and LNAPL monitoring in accordance with the approved monitoring plan. Monitoring was also conducted in May, June and July 1994. All of these monitoring events are reported herein.

As specified in our September 30, 1994 letter, we have reviewed the monitoring results in conjunction with the October 1992 New Jersey Department of Environmental Protection (NJDEP) approved "Groundwater/DNAPL/LNAPL Monitoring Plan", prepared by Killam Associates and are presenting modifications to the approved

**882880013**

monitoring plan. The modifications consist of reductions and/or substitutions in monitoring points. We have maintained sufficient monitoring points to adequately evaluate ground water contours and presence of product.

#### DNAPL Monitoring

The following dense non-aqueous phase liquid (DNAPL) monitoring plan is proposed. Table 1 indicates the wells which will be monitored, the frequency of monitoring and the basis for the frequency. Historical DNAPL monitoring data are presented in Appendix A and the May, June, July and October monitoring results are included in Appendix B.

Table 1. DNAPL Monitoring Plan.

| Well   | Frequency | Basis for Frequency                                       |
|--------|-----------|-----------------------------------------------------------|
| RW7-4  | Monthly   | October 5, 1994 thickness of 0.56 feet                    |
| CW-16  | Monthly   | October 5, 1994 thickness of 0.79 feet                    |
| MW-6   | Monthly   | October 5, 1994 thickness of 0.92 feet                    |
| MW-8   | Monthly   | October 5, 1994 thickness of 0.40 feet                    |
| MW-26  | Monthly   | October 5, 1994 thickness of 1.40 feet                    |
| RW6-1  | Monthly   | Trace on October 5, 1994                                  |
| RW7-1  | Monthly   | October 5, 1994 thickness of 0.16 feet                    |
| CW-17  | Monthly   | Has not yet been checked for DNAPL due to inaccessibility |
| RW7-2  | Quarterly | 9 consecutive rounds of non-detected DNAPL                |
| RW7-3  | Quarterly | 9 consecutive rounds of non-detected DNAPL                |
| RW7-5  | Quarterly | 4 consecutive rounds of non-detected DNAPL                |
| RW7-6  | Quarterly | 9 consecutive rounds of non-detected DNAPL                |
| RW7-7  | Quarterly | 9 consecutive rounds of non-detected DNAPL                |
| RW7-8  | Quarterly | 8 consecutive rounds of non-detected DNAPL                |
| RW7-9  | Quarterly | 9 consecutive rounds of non-detected DNAPL                |
| RW7-10 | Quarterly | 9 consecutive rounds of non-detected DNAPL                |
| RW6-2  | Quarterly | 6 consecutive rounds of non-detected DNAPL                |
| CW-4   | Quarterly | 8 consecutive rounds of non-detected DNAPL                |
| CW-14  | Quarterly | 9 consecutive rounds of non-detected DNAPL                |
| MW-27  | Quarterly | 8 consecutive rounds of non-detected DNAPL                |
| MW-28  | Quarterly | 8 consecutive rounds of non-detected DNAPL                |

The frequency of monitoring will be changed under the following conditions:

1. Monthly to Quarterly - 3 Consecutive monitoring rounds of non-detected DNAPL.
2. Quarterly to Monthly - Detection of DNAPL.

We will consider switching the quarterly monitoring rounds to semi-annual events at an appropriate time in the future.

### LNAPL Monitoring

The following light non-aqueous phase liquid (LNAPL) monitoring plan is proposed. Table 2 indicates the wells which will be monitored, the frequency of monitoring and the basis for the frequency. Wells selected for quarterly LNAPL monitoring were chosen either for their historical data or their proximity to the LNAPL area. Historical LNAPL monitoring data are presented in Appendix C and the May, June, July and October monitoring results are included in Appendix B.

Table 2. LNAPL Monitoring Plan.

| Well   | Frequency | Basis for Frequency                         |
|--------|-----------|---------------------------------------------|
| CW-7   | Monthly   | October 5, 1994 thickness of 0.09 feet      |
| MW-26  | Monthly   | October 11, 1994 thickness of 0.04 feet     |
| CW-12  | Monthly   | Trace on June 23 and July 22, 1994          |
| P-2    | Monthly   | Trace on October 5, 1994                    |
| CW-8   | Quarterly | 11 consecutive rounds of non-detected LNAPL |
| RW1-1  | Quarterly | 11 consecutive rounds of non-detected LNAPL |
| RW15-1 | Quarterly | 12 consecutive rounds of non-detected LNAPL |
| MW-2   | Quarterly | 9 consecutive rounds of non-detected LNAPL  |
| MW-9   | Quarterly | 7 consecutive rounds of non-detected LNAPL  |
| MW-10  | Quarterly | 10 consecutive rounds of non-detected LNAPL |
| MW-12  | Quarterly | 9 consecutive rounds of non-detected LNAPL  |
| MW-16  | Quarterly | 9 consecutive rounds of non-detected LNAPL  |
| MW-18  | Quarterly | 9 consecutive rounds of non-detected LNAPL  |
| MW-23  | Quarterly | 8 consecutive rounds of non-detected LNAPL  |
| MW-24  | Quarterly | 9 consecutive rounds of non-detected LNAPL  |
| MW-25  | Quarterly | 7 consecutive rounds of non-detected LNAPL  |
| MW-29  | Quarterly | 11 consecutive rounds of non-detected LNAPL |
| MW-30  | Quarterly | 12 consecutive rounds of non-detected LNAPL |
| P-1    | Quarterly | 8 consecutive rounds of non-detected LNAPL  |

The frequency of monitoring will be changed under the following conditions:

1. Monthly to Quarterly - 3 Consecutive monitoring rounds of non-detected LNAPL.
2. Quarterly to Monthly - Detection of LNAPL.

We will consider switching the quarterly monitoring rounds to semi-annual events at an appropriate time in the future.

### Ground Water Elevation Monitoring

Contours from the May and October 1994 monitoring events for both shallow and deep wells are presented in Appendix D.

The following ground water elevation monitoring plan is proposed. Deep wells will be monitored quarterly. Shallow wells will be monitored (1) quarterly until the permanent ground water recovery system is started; (2) monthly once the permanent system is started, until hydraulic control is attained; and (3) quarterly after hydraulic control has been attained. After an appropriate time period, we will consider whether it is appropriate to monitor less frequently than quarterly.

Quarterly monitoring plan for deep wells: All of the deep wells will be monitored: MW-1, MW-3, MW-5, MW-7, MW-9, MW-11, MW-13, MW-15, MW-19 and MW-26.

Quarterly monitoring plan for shallow wells: Wells monitored for DNAPL and LNAPL will be utilized in addition to the following wells: MW-4, MW-14, MW-17, MW-20, MW-21, MW-22, MW-31, MW-32, CW-1, and CW-10.

The shallow wells selected for quarterly monitoring provide adequate ground water elevation data to generate contours. Figure 1a, below, shows the ground water elevation contours generated from all the available data collected in the October 5, 1994 monitoring round. Figure 1b, below, depicts the ground water elevation contours generated from the proposed quarterly monitoring wells. As the two sets of contours are nearly identical, monitoring of the proposed wells is adequate to assess ground water gradients.



Figure 1a.

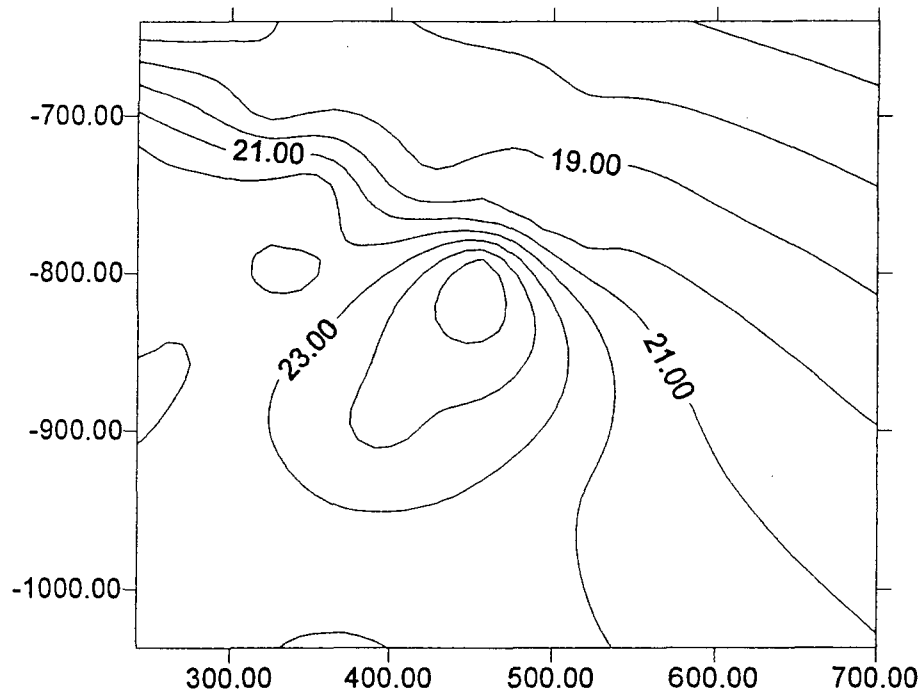
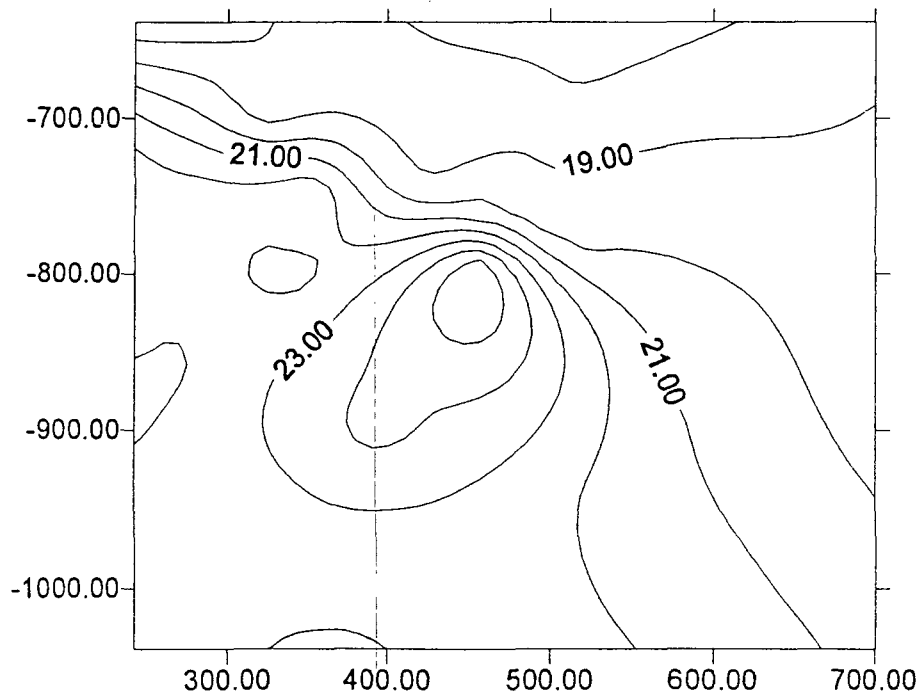


Figure 1b.



Monthly monitoring plan for shallow wells: Wells monitored monthly for DNAPL and LNAPL will be utilized for ground water elevation data. In addition, the following wells will be included in the monthly monitoring plan: MW-2, MW-4, MW-10, MW-14, MW-16, MW-17, MW-20, MW-21, MW-22, MW-24, MW-31, MW-32, CW-1, CW-10, RW15-1, RW7-8, RW7-9, RW7-10 and P-1.

The shallow wells selected for monthly monitoring provide adequate ground water elevation data to generate contours. Figure 1c, below, depicts shallow ground water elevation contours generated from all the available data collected in the October 5, 1994 monitoring round, consisting of 47 wells. Figure 1d, below, shows shallow ground water elevation contours generated from the proposed monthly monitoring wells consisting of 31 wells. The contours generated from the proposed wells are consistent with the contours generated from the 47 wells and, therefore, no additional information is gained by monitoring the larger number of wells. Monitoring of the 31 wells therefore is adequate as a routine basis.

Figure 1c.

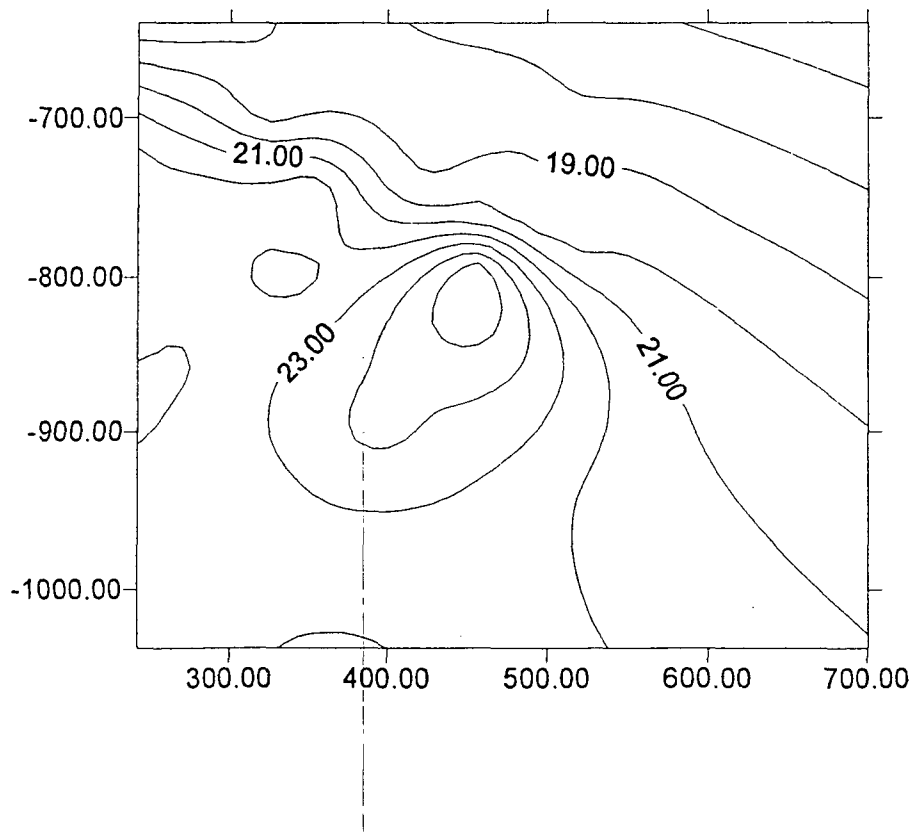
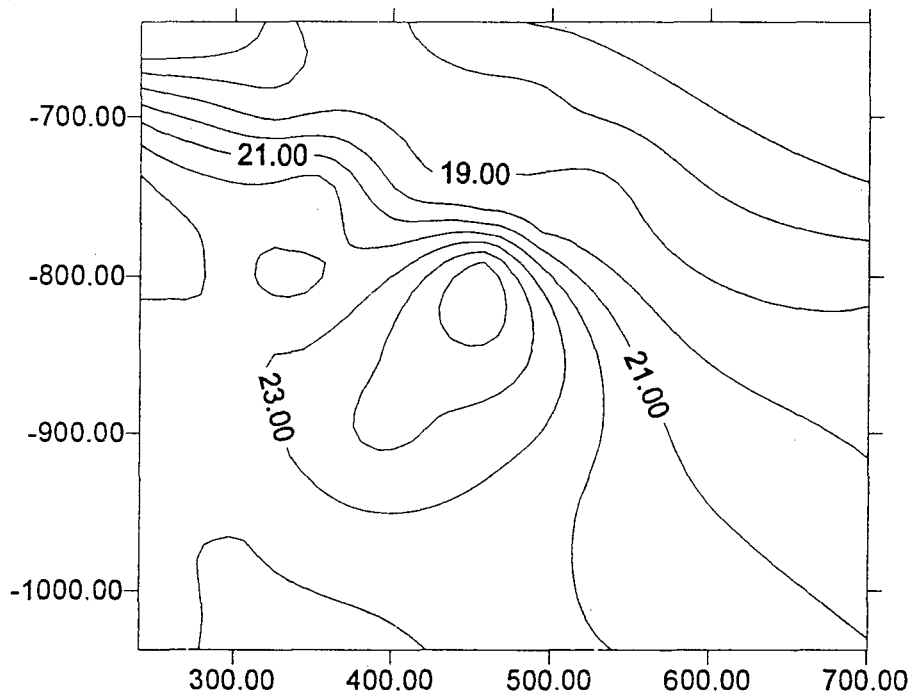


Figure 1d.



### Reporting

The tables in Appendix E will be utilized to report monthly and quarterly monitoring results. They will be submitted quarterly with the progress report.

### **2. DNAPL Recovery**

In response to the NJDEP's concern regarding the existence of DNAPL in several wells on-site, the following temporary recovery program has been implemented. The program involves manually removing DNAPL from affected wells on a weekly basis. This DNAPL recovery program was initiated October 20, 1994. This temporary recovery program for DNAPL will be in-place until we can design and install an automated system that will enhance DNAPL recovery. We also are evaluating the possibility of optimizing the locations of DNAPL recovery points. Initially, recovery of DNAPL on a weekly basis will be implemented although less frequent DNAPL recovery may occur if data indicate that recoverable amounts of DNAPL are not present. The recovery program satisfies the objectives of the recovery program approved by the NJDEP's January 19, 1993 and May 4, 1993 letters.

The temporary DNAPL recovery program will consist of bailing wells by hand on a weekly basis. DNAPL will initially be recovered from the following wells: RW-7-4, MW-6, MW-8, CW-16 and MW-26. These wells have been chosen based on results from the most recent DNAPL monitoring event (10/94) indicating recoverable amounts of

DNAPL. If future monitoring events indicate recoverable amounts of DNAPL in additional wells, they will be added to this temporary recovery program.

#### Measurement and Recovery

A standard routine will be followed to enhance our understanding of DNAPL accumulation. Prior to DNAPL recovery from the designated wells, DNAPL measurements will be recorded. DNAPL thickness will be measured with a hydrocarbon/water interface probe. Subsequently, DNAPL will be evacuated from the wells with a clear bailer. At the startup of the temporary DNAPL recovery program, wells targeted for DNAPL recovery will be allowed to recover for one to two hours and again checked for DNAPL. If a recoverable amount has recharged, the measurement and recovery steps will be repeated. Otherwise this step will be eliminated from the recovery routine.

All DNAPL and small quantities of ground water recovered during the program will be transferred to holding tank H-7 (500-gallon above-ground tank) where the DNAPL will be allowed to separate from the water. When tank H-7 is full, the DNAPL will be properly disposed off-site and the water will be processed through the ground water treatment system.

#### Reporting

DNAPL measurements and quantities recovered will be documented and submitted to the NJDEP quarterly.

### **3. LNAPL Recovery**

The following LNAPL recovery program has been implemented as of October 20, 1994.

During the most recent LNAPL monitoring event, recoverable product was observed in well CW-7. This observation is in contrast to the observation made during the July 1994 monitoring and reported in our September 30, 1994 letter to you. Therefore, LNAPL will be recovered from this well. Also, LNAPL will not be recovered from wells RW-15-1 and RW-15-2 as indicated in the same letter; no product was detected in these wells during the recent monitoring event.

In accordance with the approved LNAPL recovery program, LNAPL will be continuously collected from well CW-7 using a passive free product recovery device. The device will be emptied on a weekly basis until a recovery rate is established. Once a rate is established, the draining frequency will be adjusted as necessary.

In addition to well CW-7, LNAPL will be recovered from well MW-26. A recoverable amount of LNAPL was detected in this well during the most recent monitoring event. The LNAPL will be recovered manually on a weekly basis although less frequent LNAPL recovery may occur if data indicate that recoverable amounts of LNAPL are not present.

LNAPL recovered from wells CW-7 and MW-26 will be stored in a 55-gallon drum and properly disposed off-site when full.

#### **4. Off-Site Ground Water Testing**

Ground water sampling across the Saddle River may not be necessary because sampling data may already be available. Apparently, there are three existing monitoring wells on the other side of the Saddle River. The locations of the three wells, denoted MW-X, MW-Y and MW-Z are indicated on Figure 2, "Off-Site Wells". We have visually confirmed the presence of MW-X; for MW-Y and MW-Z, we have obtained a copy of the well permit. Based on the permit, MW-Y and MW-Z appear to have been installed as a shallow/deep cluster. We presently have no information regarding the depth of MW-X. We will attempt to obtain well construction information and ground water sampling data for MW-X, MW-Y and MW-Z. Hexcel will suspend the pursuit of access to the properties across the river for the purposes of performing a Geoprobe investigation until such time as we have obtained additional information on the existing wells.

The NJDEP has also requested the installation of additional monitoring wells south of MW-22 and MW-31. As Figure 2 indicates, a commercial building containing Napp Technologies, Inc. extends approximately 530 feet in a southerly direction from both wells. Since the wells are close to the building and there is insufficient room to install a well, we will not be able to comply with the NJDEP's request for additional wells south of MW-22 and MW-31.

#### **5. Waste Disposal Documentation and Status**

Appendix F contains an update on the disposal of all accumulated waste at the site. It also contains the disposal documentation for all of the treated water taken off-site since November 30, 1992.

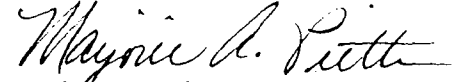
#### **6. Schedule.**

Table 3 presents an updated estimate of the schedule of remaining remedial activities. Note that progress reports will be provided quarterly. Since this letter includes a progress update, the next quarterly progress report will be provided by January 15, 1995.

Please call if you have any questions or need additional information.

Sincerely,

GEO ENGINEERING, INC.



Marjorie A. Piette  
Project Manager

MAP/avm  
enclosures

cc A. William Nosil  
Lisa Bromberg, Esq.  
James Higdon

## **Appendix B**

## Appendix B

The following table summarizes all disposal documentation for treated ground water for October, November and December, 1994. Copies of the manifests are included. Please note that copies of manifests for the period November 30, 1992 through September 30, 1994 were enclosed in our October 24, 1994 letter.

| <b>Date Accepted at Disposal Facility (unless indicated otherwise)</b> | <b>State Manifest Document Number</b> | <b>Quantity of Treated Ground Water (Gallons)</b> | <b>Comments</b>                                                                                       |
|------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 11/29/94                                                               | NJA 1982945                           | 3,500                                             | Manifest copy with facility signature has not been received. Date listed is date load taken off-site. |
| 11/10/94                                                               | NJA 1982967                           | 5,100                                             |                                                                                                       |
| 10/4/94                                                                | NJA 1982988                           | 3,700                                             | Replacement for manifest NJA 1982944                                                                  |

Note that manifests are arranged in order of increasing State Manifest Document Numbers.





State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 1. Generator's US EPA ID No.<br>NJ D 9 8 1 5 8 4 1 3 4 |  | Manifest Document No.<br>0 0 0 0 0 1 |  | 2. Page 1 of 1                                                 |  | Information in the shaded areas is not required by Federal law. |  |                 |  |                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|--------------------------------------|--|----------------------------------------------------------------|--|-----------------------------------------------------------------|--|-----------------|--|----------------------------|--|
| 3. Generator's Name and Mailing Address<br>205 MAIN ST.<br>LODI, NJ 07644                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |  |                                      |  | A. State Manifest Document Number<br><b>NJA 1982945</b>        |  |                                                                 |  |                 |  |                            |  |
| 4. Generator's Phone (201) 472-6800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  |                                      |  | B. State Generator's ID (Gen. Site Address)<br><b>SAME</b>     |  |                                                                 |  |                 |  |                            |  |
| 5. Transporter 1 Company Name<br>AMERICAN INDUSTRIAL MARINE SERV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                        |  |                                      |  | C. State Trans. ID-NJDEPE<br><b>10340</b>                      |  |                                                                 |  |                 |  |                            |  |
| 6. US EPA ID Number<br>NJ D 9 8 1 8 7 3 6 6 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                        |  |                                      |  | D. Transporter's Phone (908) 756-4200                          |  |                                                                 |  |                 |  |                            |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                        |  |                                      |  | E. State Trans. ID-NJDEPE                                      |  |                                                                 |  |                 |  |                            |  |
| 8. US EPA ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  |                                      |  | F. Decal No.                                                   |  |                                                                 |  |                 |  |                            |  |
| 9. Designated Facility Name and Site Address<br>DUPONT CHAMBERS WORKS<br>ROUTE 136<br>DEEPWATER, NJ 08023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |  |                                      |  | G. State Facility's ID                                         |  |                                                                 |  |                 |  |                            |  |
| 10. US EPA ID Number<br>NJ D 0 0 2 3 8 5 7 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                        |  |                                      |  | H. Facility's Phone (609) 299-5000                             |  |                                                                 |  |                 |  |                            |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>a. <b>HAZARDOUS waste, liquid, n.o.s.; 9; NA3082, PG III; (POU2 POU1 POU3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                        |  |                                      |  | 12. Containers<br>No. Type                                     |  | 13. Total Quantity                                              |  | 14. Unit Wt/Vol |  | 15. Waste No.              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                        |  |                                      |  | 0 0 1 T T                                                      |  | X 3 5 0 0 G                                                     |  |                 |  | P 0 0 2                    |  |
| Additional Descriptions for Materials Listed Above<br>LIT POU1 POU3<br>water > 99.9%<br>Volatile Organics < 1%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                        |  |                                      |  | K. Handling Codes for Wastes Listed Above                      |  |                                                                 |  |                 |  |                            |  |
| 15. Special Handling Instructions and Additional Information<br>CONTRACT#0604478 RELEASE#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |  |                                      |  | 24HR EMERGENCY TEL# (908) 756-4200 ENCL# 31<br>DATE X1 5-15-94 |  |                                                                 |  |                 |  |                            |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |                                                        |  |                                      |  |                                                                |  |                                                                 |  |                 |  |                            |  |
| Printed/Typed Name<br>Steve Abruscia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                        |  |                                      |  | Signature<br><i>[Signature]</i>                                |  |                                                                 |  |                 |  | Month Day Year<br>11 12 94 |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Thomas P. Kink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                        |  |                                      |  | Signature<br><i>[Signature]</i>                                |  |                                                                 |  |                 |  | Month Day Year<br>11 12 94 |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                        |  |                                      |  | Signature                                                      |  |                                                                 |  |                 |  | Month Day Year             |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                        |  |                                      |  |                                                                |  |                                                                 |  |                 |  |                            |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                        |  |                                      |  |                                                                |  |                                                                 |  |                 |  |                            |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |  |                                      |  |                                                                |  |                                                                 |  |                 |  |                            |  |
| Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                        |  |                                      |  |                                                                |  |                                                                 |  |                 |  |                            |  |



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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Form Approved. OMB No. 2050-0039. Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator's US EPA ID No.<br>NJ 0986584134 | Manifest Document No.<br>000001 | 2. Page 1 of 1                                             | Information in the shaded areas is not required by Federal law. |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|---------------------------------|------------------------------------------------------------|-----------------------------------------------------------------|--|
| 3. Generator's Name and Mailing Address<br>HEXCELL CORPORATION<br>205 MAIN ST.<br>LODI, NJ 07644                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                                 | A. State Manifest Document Number<br><b>NJA 1982967</b>    |                                                                 |  |
| 4. Generator's Phone (201) 472-6800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                                 | B. State Generator's ID (Gen. Site Address)<br><b>SAME</b> |                                                                 |  |
| 5. Transporter 1 Company Name<br>AMERICAN INDUSTRIAL MARINE SERV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                                 | C. State Trans. ID NJDEP<br>Decal No. 10340                |                                                                 |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                               |                                 | D. Transporter's Phone (908) 756-4200                      |                                                                 |  |
| 6. US EPA ID Number<br>NJ 0986584134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                                 | E. State Trans. ID NJDEP                                   |                                                                 |  |
| 9. Designated Facility Name and Site Address<br>DUPONT CHAMBERS WORKS<br>ROUTE 130<br>DEEPWATER, NJ 08023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                               |                                 | F. Transporter's Phone (908) 756-4200                      |                                                                 |  |
| 10. US EPA ID Number<br>NJ 0986584134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                                 | G. State Facility's ID                                     |                                                                 |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>a. <b>(RD) Hazardous waste, liquid, n.o.s.; 9; NA3082, PG III; (F002F001, F003)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                                 | 12. Containers<br>No. Type<br>001 TIT                      |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                                 | 13. Total Quantity<br>X51.00                               |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                                 | 14. Unit Wt/Vol<br>G                                       |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                                 | Waste No.<br>F002                                          |                                                                 |  |
| Additional Descriptions for Materials Listed Above<br>b. <b>Water 99% Volatile Organics &lt;1%</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                                 | K. Handling Codes for Wastes Listed Above<br>a. <b>T01</b> |                                                                 |  |
| 15. Special Handling Instructions and Additional Information<br>CONTRACT#OWO4478 RELEASE# <b>7</b> DECAL# <b>62298</b> 24HR EMERGENCY TELE# (908)756-4200 ERG# 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |                                 |                                                            |                                                                 |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.<br>Printed/Typed Name: <b>Kevin M. Greener</b> Signature: <b>Kevin M. Greener</b> Month Day Year: <b>11/10/94</b> |  |                                               |                                 |                                                            |                                                                 |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name: <b>AARON SKINNER</b> Signature: <b>Aaron Skinner</b> Month Day Year: <b>11/10/94</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                                 |                                                            |                                                                 |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name: Signature: Month Day Year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                                 |                                                            |                                                                 |  |
| 19. Discrepancy Indication Space<br><b>ITEM C SHOULD HAVE DEPEND. ON LINE 1.</b><br><b>Item H should READ 609 540-2773</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                                 |                                                            |                                                                 |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name: <b>DANIEL G. CHOMO</b> Signature: <b>Daniel G. Chomo</b> Month Day Year: <b>11/10/94</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                                 |                                                            |                                                                 |  |

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State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 1. Generator's US EPA ID No.                                                                                                                                                              | Manifest Document No. | 2. Page 1 of                                                         | Information in the shaded areas is not required by Federal law. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------|-----------------------------------------------------------------|
| 3. Generator's Name and Mailing Address<br><b>205 MAIN ST.<br/>LODI, NJ 07644</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>HEXCELL CORPORATION</b>                                                                                                                                                                |                       | A. State Manifest Document Number<br><b>NJA 1982988</b>              |                                                                 |
| 4. Generator's Phone (201) 472-6800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 6. US EPA ID Number<br><b>N J D 9 8 6 5 8 4 1 3 4 0 0 0 0 1</b>                                                                                                                           |                       | B. State Generator's ID (Gen. Site Address)<br><b>SAME</b>           |                                                                 |
| 5. Transporter 1 Company Name<br><b>AMERICAN INDUSTRIAL MARINE SERV</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7. Transporter 2 Company Name                                                                                                                                                             |                       | C. State Trans. ID: NJDEPE<br><b>1038P 10340</b>                     |                                                                 |
| 9. Designated Facility Name and Site Address<br><b>DUPONT CHAMBERS WORKS<br/>ROUTE 130<br/>DEEPWATER, NJ 08023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 10. US EPA ID Number<br><b>N J D 0 0 2 3 8 5 7 3 0</b>                                                                                                                                    |                       | D. Transporter's Phone<br><b>(908) 756-4200</b>                      |                                                                 |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br><b>HM<br/>a. (RQ) Hazardous waste, liquid, n.o.s.; 9; NA3082, PG III; (F002, F001, F003)<br/>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 12. Containers<br>No. Type                                                                                                                                                                |                       | 13. Total Quantity<br>14. Unit Wt/Vol<br>Waste No.                   |                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 0 0 1 1                                                                                                                                                                                   |                       | X 370 0<br>F 0 0 2                                                   |                                                                 |
| 15. Special Handling Instructions and Additional Information<br><b>24HR EMERGENCY TELE# (908) 756-4200 ERG# 31<br/>CONTRACT#OW04478 RELEASE# 6B DECAL# 56412<br/>Replacement for manifest # NJA1982944</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | K. Handling Codes (w/ Wastes Listed Above)<br><b>T C 1</b>                                                                                                                                |                       |                                                                      |                                                                 |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management practice that is available to me and that is not prohibited by any applicable law or regulation.<br><b>AS AGENT ON BEHALF OF HEXCEL CORP.</b> |  | Printed/Typed Name<br><b>Stephen J. Abrusi</b>                                                                                                                                            |                       | Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10 03 94</b> |                                                                 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Edward Hawkins</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature<br><i>[Signature]</i>                                                                                                                                                           |                       | Month Day Year<br><b>10 04 94</b>                                    |                                                                 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Signature                                                                                                                                                                                 |                       | Month Day Year                                                       |                                                                 |
| 19. Discrepancy Indication Space<br><b>Item 15 Decal 56412 should be in Item C also.<br/>Item 11 should be 609-540-2773</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br><b>Patrick J. Damminger</b> |                       | Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10 04 94</b> |                                                                 |

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

3 - TSD MAIL TO - GENERATOR

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

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In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection and Energy. (609) 292-7172